



UNIVERSITY *of*
TASMANIA

Department of Pharmacy
School of Medicine
College of Health and Medicine

CSA357

Pharmacy Skills in Practice

CSA430

Pharmacy Practice

Experiential Learning Program

HOSPITAL PHARMACY
PRECEPTOR GUIDE

2019

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Concerns and Feedback

The School of Medicine appreciates your continued support of the hospital pharmacy placements. If you have any concerns you would like to express, or feedback about the students and/or the material presented in this document and other associated documents, please contact Dr Felicity Veal (3rd years) or Mr Justin Cousins (4th years), Josie Hughes or Anne Todd (3rd and 4th years).

Acknowledgements

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Important: If you have a student on placement who is performing very poorly, significantly below your expectations, or you are concerned about in any way, contact the placement team as early as possible.

Version Control

2017 V01	Reviewed, updated, Layout changes	April 17
2018 V02	<ul style="list-style-type: none">• Updated supervision requirements• Updated website links• Included 2018 assessment form	May 2018
2019 V03	<ul style="list-style-type: none">• Minor revision including update to mobile device use• Included 2019 assessment forms	April 2019

Objectives

The objective of the placement is to provide students with an extended experience of hospital pharmacy.

Third year student exposure to the hospital environment prior to their placement is minimal. Consequently, their placement aim is predominantly to learn from observing hospital pharmacists in action.

Fourth year students have attended two semesters of hospital rounds and their placement is a chance for them to apply their therapeutic knowledge and skills, practice effective communication, and participate in a variety of roles within a hospital environment.

While we would like students to focus the majority of their time on clinical activities, visits to other departments/areas of the hospital or spending time with another member of the healthcare team is also encouraged as part of the overall learning from the placement. Providing the student with a timetable of varied activities and assigning them to different members of your team for their placement can help achieve this.

Student Supervision

In general, the University expects pharmacists to be responsible for supervising undergraduate students during a hospital pharmacy placement. If students are participating within that setting with other health professionals acting as clinical educators, students are advised to remain within scope and not to undertake tasks or interactions with patients that are not appropriate to the competencies and standards of practice for pharmacists.

As a guiding principle, students are not permitted to participate (as opposed to observe) in the care of a patient unless under the direct supervision of a registered health professional.

In line with AHPRA's registration standard (supervised practice arrangements), only pharmacists holding general registration should supervise students. In particular, Interns should not be asked to supervise undergraduate students interacting with patients, as they are not registered pharmacists. Students may shadow and learn from other team members including interns or technicians where appropriate, but they do not hold responsibility for student supervision.

Undergraduate students should not be given tasks involving direct patient care (e.g. patient counselling, patient interview for history taking) if a suitable staff member is not available to supervise.

While it is ideal that students are at a pharmacist's side for their entire placement, the university understands that due to staffing and workload pressures, there may be times when it is necessary for students to work somewhat independently. Self-directed learning activities have been created for this purpose. The ready reference at the end of this guide provides examples of activities where supervision by a pharmacist would be required.

Orientation

All students, especially those who are visiting your site for the first time, will possibly be feeling nervous and anxious. They will benefit greatly from a thorough induction to your pharmacy and team at the start of the placement. Some points you might like to cover include:

- Expectations on appearance and the use of a uniform, if applicable;
- Confidentiality issues and your privacy policy;
- Occupational Health and Safety policies, and relevant safety issues; and
- Any other issues or policies the student should be aware of for the duration of the placement.

Personal device (mobile phones etc) uses on placement:

- Students are informed that every individual workplace will have particular guidelines on the use of personal devices (mobile phones, tablets) during work hours for clinical or personal use. Students must familiarise themselves with, and adhere to, the personal device use guidelines within each workplace.
- Generally, students are advised mobile phone use should be:
 - Limited to study and clinical needs only;
 - Should **never** be used to take copies or photographs of drug charts, scripts, files or other patient identifying information. Students must not record or film patient encounters.
 - May need to be kept in a locker / out of use until meal or other breaks;
 - If kept with the student (when allowed) must be left on silent, and use must comply with venue policy.

All students should have attended a pre-placement talk to give them an overview of what we expect of them during placements. Furthermore, each student is provided with a workbook detailing the need to: maintain confidentiality during their placement; to exhibit professional behaviour in their manner, timekeeping and appearance; as well as information on how to access support should they need it on their placement.

Attendance and Punctuality

Third year placements are one week in duration (Monday to Friday). Attendance for 35 hours is a mandatory component of the unit. If your hospital is situation farther than 1 hour's drive from Hobart, we request that students be given the option to leave early on Friday afternoon, in order to drive back to Hobart safely.

Fourth year placements are three weeks in duration (a *minimum* of 32 hours/week). Usually Monday to Thursday each week.

Students have been advised that they must report nonattendance due to illness or any other unavoidable cause to their preceptor by 9:30am (*by phone call only*) on the day of absence, and to the Placement staff (*by email or phone call*) as soon as possible.

Insurance and Policies

The University of Tasmania provides insurance cover for students participating in Tasmanian School of Pharmacy placements. The students are also governed by all University policies and requirements during their placement. For more information, see pages 32 & 33 of this document: http://www.utas.edu.au/data/assets/pdf_file/0020/215642/Insurance-Guidelines.pdf

Placement Exit & Emergency Procedures

Placements are a compulsory and integral part of a student's studies. Therefore, students are given the opportunity to provide preferences for locations and reasons to be considered when allocating student placements. The consultative approach taken by the Department in arranging placements provides placements, which are hoped to be suitable and rewarding for both student and preceptor. However, it is acknowledged that from time to time, placements may not work out as planned or an emergency situation may arise where preceptors may find the following information useful:

- Students and/or preceptors can telephone or email unit coordinators to discuss concerns at any time (contact details on first page). If an emergency situation arises afterhours the Placement Officer can be contacted on: 0413 702014.
- If issue(s) cannot be resolved, arrangements can be made to remove students from placement and return them to the Division if necessary.
- If a crisis occurs while a student is on placement, they are provided with counselling details before departure and are made aware of University counselling services available to them on their return.
- Alternatively, **Lifeline** offers a 24-hour counselling service to anyone, anytime from anywhere in Australia. Free call 13 11 14 or their website www.lifeline.org.au
- If a student is involved in an accident or emergency situation while on placement, their preceptors should contact the Division (details on contents page). If a situation arises after hours the Placement Officer can be contacted on: 0413 702014.
- Students are asked at the beginning of the year to provide emergency contact details, which are held in their student placement file with the Placement Officer, and in some instances sent to Preceptors when confirming placement details.

Intended Learning Outcomes (ILOs)

Fourth Year

The intended learning outcomes (ILOs) for fourth year students, taken from the BPharm Course ILOs, for students on placement are:

1. Apply professional problem-solving skills to identify critical issues, conceptualise problems, use relevant information and formulate a range of solutions in relation to the provision of medicines or health advice
2. Demonstrate appropriate communication and collaboration skills combined with therapeutic decision making, and incorporating patient-centred care principles in the management of acute illness and chronic disease.
3. Develop organisational and reflective professional practice skills and explain how they underpin professional and ethical practice.
4. Describe the different activities and settings which a pharmacist may perform and the impact this may have on patient outcomes.
5. Demonstrate the role of pharmacists in health promotion, harm minimisation and preventative health activities.
6. Search, evaluate and appropriately reference drug information and pharmacy related literature

You will find these fourth year ILOs referred to on the preceptor assessment sheet – year four pharmacy students.

Assessments

Third year

There are several components to the summative assessment: written reflections and your assessment of their skills, knowledge, professionalism and attitude (see Preceptor Assessment Sheet – Year Three Pharmacy Students). Students are also asked to present a short talk for formative feedback.

Reflective pieces

Students must submit a total of three short written reflective pieces (one A4 page maximum).

The first two either describing a scenario they saw or a drug that they saw being used in an unusual or different way and the third specifically on the application and implications of clinical pharmacy.

- Scenario reflective piece:
 - What happened? (The student should describe the scenario and reflect on it, what could have been done differently, what would they do the same, etc.)
 - Which competency standards are relevant to this scenario?
 - What learning needs have they identified relevant to this scenario?
 - How do they intend to achieve these learning needs?
- Drug reflective piece:
 - How was the drug used?
 - Does this indication follow the guidelines?
 - Was the dose appropriate? What is the normal dosage range?
 - What is the evidence for its use?
 - What is an alternative drug that could have been used? Why was it not used?
- One clinical pharmacy reflective learning piece:
 - Reflect on their experience in clinical pharmacy and
 - Describe how they think clinical pharmacy improves patient wellbeing.

The five clinical pharmacy reflective pieces with the highest scores will be submitted to the Pharmacy Prize Selection Committee for nominee selection of the “George Taylor Prize in Clinical pharmacy”.

Short Presentation

Students are asked to complete a 7-10 minute PowerPoint presentation (+ 5 minutes questions) on a topic of their choice (relating to hospital pharmacy practice) to members of the pharmacy department. *Suggested topics for presentation include:*

- An interesting case study/clinical encounter;
- A drug that the student saw prescribed during placement;
- A role for hospital pharmacists which was new or particularly interesting to them;
- A healthcare service that encountered during placement.

We ask that the preceptor offers feedback to the student highlighting the strengths as a presenter and areas where they can work on improving their skills. This does not count towards assessment for CSA357, but will be useful in identifying student’s strengths as a presenter and areas where they can work on improving their skills. We ask that this presentation be scheduled for the last day of placement.

Fourth year

There are two components to fourth year assessments: their hospital portfolio (worth 20%) and your assessment of their skills, knowledge, professionalism and attitude (see Preceptor Assessment Sheet – Year Four Pharmacy Students). In addition to this formal assessment, students are asked to present a case to the pharmacy department staff as an exercise in formal and professional communication.

Hospital Portfolio

Students are required to submit a summary of at least six activities conducted/observed on placement, with associated reflection (and accompanying evidence where appropriate), and any feedback that was provided to them by the supervising pharmacist/staff.

We do not require preceptors to assess the portfolio, but the student may ask for guidance as to what to include. Some examples of what these activities could include are below. This list is non-exhaustive, is at your discretion, and some activities can only be undertaken on request/direct supervision by the supervising staff/preceptor.

- Take a medication history from a patient / pharmacy / regular prescriber
- Complete a medication history and reconciliation (MH&R) with recommendations
- A pharmacist intervention they were involved with
- Therapeutic drug monitoring
- Disease/condition monitoring
- Medication counselling – inpatient /at discharge/outpatient
- Manufacture a cream / eye drop / oral solution / oral suspension
- Give a presentation to staff (pharmacy and/or non-pharmacy staff)
- Respond to a medicines information query – from doctor, patient, nurse, pharmacist etc.
- Conduct a drug utilisation review on a ward / in the hospital
- Complete an ADRAC submission
- Creation of a Medicines Information bulletin
- Complete / assist with a narcotic safe audit (direct supervision required)
- Self-directed learning/revision on a condition / new medication encountered on placement
- Join a TPN ward round
- Learn basic aseptic manufacturing procedures

To ensure students reflect on a variety of activities, we have asked them to include a maximum of two of the same activities (e.g. two MH&Rs) in their portfolio. Furthermore, students must include at least one long case summary in their portfolio. Students should have access to wards and patient notes to enable them to identify cases for inclusion. It is not necessary for students to review ‘unusual’ or highly complex cases in their portfolio. Cases that demonstrate medication management of a range of disease states, and/or where a pharmacist has contributed significantly to the patient’s management are acceptable long cases.

Oral Presentation

Students are expected to present a 10 minute presentation (+ 5 minutes questions) based on a long case to the pharmacy department staff. The presentation is designed as an exercise in communication as well as a forum to present in front of colleagues and peers. Please schedule a brief session at the end of the placement block for this to occur. We also request that you provide the student with feedback on their presentation (template attached).

While this does not count towards their formal assessment, it is valuable in highlighting their strengths as a presenter, and areas which require further work.

Student Self-Assessment

Fourth year students are provided with an assessment form (identical to the preceptor assessment form) for them to undertake a self-evaluation mid-way through their placement. They are encouraged to reflect on their placement so far, and discuss their evaluation with their preceptor and/or the placement team. Please feel free to provide additional feedback to the student at this stage. The placement team can be contacted for support if the student is falling below expectations, or if any other issues arise.

Preceptor's Assessment

Your feedback regarding each student's skills, professionalism and attitude is included in the overall assessment. There is a separate assessment form for year three and year four students, and you will find the templates at the end of this guidebook. The relevant assessment form will be sent to you during each placement, along with a reply-paid envelope. If you have any additional comments to make about your student, good or bad, please contact Felicity Veal (3rd years) or Justin Cousins (4th years) at any time.

It is important that you return your Preceptor Assessment(s) promptly once the placements have been completed. Constructive feedback received is passed on to students so that they can improve for subsequent placements.

If you anticipate that a student on placement will fall below the satisfactory score required to pass the placement (year four students), or is consistently performing below expectations (year three and four students), please notify the unit coordinator or a member of the placement team as early as possible. We are able to offer support to students and placement sites if necessary.

Thank you

We appreciate the time and effort that you and your staff put into placements for our students and we are here to support you in any way we can.

Preceptors' Ready Reference

The following pages are a guide to help pharmacists with student supervision, and to standardise student exposure across placements. There are two parts: suggested activities students can assist you with; and tips to assist you develop your leadership and preceptor skills (see *Further Information* for directions on how to earn CPD points for this activity).

Activities

During a pharmacy placement, students may complete as part of their course obligations: a dispensary rotation, a manufacturing rotation, and a clinical and specialist rotation. Within these rotations students will need to be directly supervised by a pharmacist; however, there are some activities that can be done without direct supervision. These activities can only be completed after the supervising pharmacist has:

- Shown the student what to do and informed them what is expected of them;
- Observed the student attempting the activity; and
- Given the student appropriate feedback regarding how they undertook the activity.

This process may be repeated numerous times until the supervising pharmacist is satisfied with the student's performance, after which the student may undertake the activity unsupervised.

The following are suggested activities that students can perform unsupervised (**unless otherwise stated**) during each rotation through the hospital. NB: Due to workflow and staffing, not all students may get the opportunity to perform all the activities outlined below. EDS = electronic discharge system.

Dispensary rotation (3rd and 4th year students)

- Pick stock for in-patient, outpatient and discharge prescriptions
- Label in-patient prescriptions
- Search for CMI's for outpatient/discharge prescriptions
- Pick stock for ward imprest list with Stores personnel / ward technicians

Manufacturing rotation (3rd and 4th year students)

- Label batches of pre-packed medications
- Check batches of pre-packed medications
- Pick stock for aseptic manufacturing (TPNs, iron infusion)
- Check stock, expiry dates and general stock-take
- Observe cytotoxic and aseptic manufacturing
- Oncology Education Clinic with Out-Patient Oncology Pharmacist

With direct supervision & checking by a supervising pharmacist/senior technician, they can:

- Compound an extemporaneous product
- Calculate volumes / doses

***Clinical and Specialist rotation* (3rd year students)**

- Read through patients' notes
- Obtain patient's own medications and record them in a list
- Introduce themselves to the patient
- Talk to patients to obtain a medication history (**after supervising pharmacist has obtained patient permission and introduced the student**)
- Obtain the medication chart for review
- Review a patient's laboratory data
- Calculate patient's renal function (CrCl)
- Pick stock for prescriptions
- Attend ward rounds, grand rounds and multidisciplinary meetings

With direct supervision and checking by a supervising pharmacist, students can:

- Contact a community pharmacy to obtain a medication history
- Assist with discharge/out-patient counselling
- Label stock with prescription and ancillary labels – supervising pharmacist must check the labelling prior to giving medication to patient/ward etc.

***Clinical and Specialist rotation* (4th year students)**

- Read through patients' notes
- Obtain patient's own medications and record them in a list
- Talk to patients to obtain a medication history (student will need to obtain patient permission and introduce themselves as a pharmacy student. They should not provide counselling or comment on treatment options without direct supervision)
- Contact a community pharmacy to obtain a dispensing history
- Contact a general practice to obtain a medication history
- Obtain the medication chart for review
- Review a patient's laboratory data
- Calculate patient's renal function (CrCl)
- Answer pages for the supervising pharmacist
- Inform the medical intern of medication related issues and provide appropriate solutions (issues and solutions must be run past supervising pharmacist before student approaches intern)
- Discharge / out-patient counselling (**under supervision**)
- Pick stock for prescriptions and label them (including ancillary labels)
- Attend ward rounds, grand rounds and multidisciplinary meetings

With direct supervision & checking by a supervising pharmacist they can do the following in a patient's EDS file (supervising pharmacist must read all entries and countersign):

- Write in patient's progress notes regarding medication related issues
- Record admission and progress notes in EDS (under Episode notes)
- Complete a Medication History in EDS
- Complete a Medication Reconciliation/Inpatient Review in EDS
- Produce a counselling document in EDS
- Annotate medication chart e.g. "*to be taken with food*". This is not a clinical review; clinical pharmacist must sign the clinical review box when they perform their review.

Preceptor Skills and Tips

The clinical teaching environment is probably the most complex teaching environment in which anyone is asked to function. The preceptor is always dealing with two sets of needs: health care needs of patients and learning needs of students. The pharmacist cannot provide good health care to patients without knowing what their needs are. Likewise, the preceptor cannot provide good clinical learning without knowing what the student's learning needs are.

What makes a good preceptor?

- A good role model (professional, caring and competent)
- Is a supervisor (gives direction and feedback and involves students)
- Is available and approachable (empathetic, respectful, supportive, focused and practical)
- Provides support (mentors, caring and shows an interest in the student)
- Is dynamic (motivates to learn, understands the relevance for learners and identifies their needs)
- Can handle errors with a no-blame approach (as a preceptor/teacher you need to anticipate mistakes, minimise the effect and then support the student to reflect and learn from the experience)
- Makes time to get to know the student as a person

What makes a bad preceptor?

- Lack of time
- Lack of knowledge (e.g. not knowing how to give constructive feedback, motivate learners, and assess competency; using a 'telling' style instead of coaching)
- Lack of preceptor training
- Being criticised about the way they teach (e.g. "that was poorly done", mentoring by humiliation/sarcasm)
- Lack of rewards and recognition for taking on students
- Lack of confidence
- Unpredictable and varied teaching style/content

One characteristic which is reported in almost all studies is the need for an enthusiastic and competent preceptor. Students perceive very quickly whether or not the preceptor is happy to have them working in their clinic or pharmacy.

Giving feedback

Feedback: what makes good feedback?

- Allow adequate time to give feedback on a regular basis
- Set clear goals with specific outcomes, so that both the preceptor and student know what they are being assessed on
- Preceptors need to directly observe the student to be able to give feedback
- Positive feedback
- Provide solutions (e.g. what can be improved? This helps identify education/training needs)
- Try and give positive feedback in front of peers

-
- Constructive feedback should be given in private
 - Allow for student input (e.g. was it a fair evaluation of your performance?)
 - Actively listen
 - Never use personal remarks in feedback, always concentrate on the act/behaviour, not the person
 - Remember everyone needs feedback, poorly performing students, as well as the good students. We all want to become better.

Feedback: how do you give positive feedback?

After direct observation of the student a preceptor can give feedback. The following is a suggested dialogue you might like to use when providing this feedback.

1. Ask the student what they think they did well
e.g. “What did you think you did well, in that situation?”
2. Preceptor then lists tasks/activities that they thought the student did well
e.g. “Great, I agree you did XYZ very well, as well as...”
3. Ask the student what they think they could have done better
e.g. “What do you think you could have done better?”
4. Preceptor then adds tasks/activities that they thought the student could improve on
e.g. “I agree we may need to work on..., improve knowledge on.....”

Asking the student first allows and encourages self-reflection. It also emphasis the positives and avoids negative feedback. This is also the easiest way for a preceptor to give feedback as the student has brought up the areas of concern rather that the preceptor delivering the bad evaluation of task/activity. If a situation arises where the preceptor and student have different ideas e.g. student doesn't think they could have done anything better, this may reveal issues in the student's insight.

Learning: plan for learning while working

- Be specific about what is to be achieved and define the outcomes. Ensure that the outcomes are important and relevant to the student
- Are the goals achievable? Have you set too many goals or outcomes?
- Do the tasks allow you to measure and/or evaluate the student's competency?
- Ensure that the student has input into how the learning can be done. E.g. Student may request to counsel a patient on an antibiotic rather than an antipsychotic for their first medication counselling.
- Be clear about the roles and responsibilities for all parties involved, preceptor and student.

Poorly performing students

Poor performer: what's going wrong?

As a preceptor, your role is to help manage the problem and prevent poor outcomes. Firstly we need ask “is there a problem?” and if so “what is it?” The only way we can determine if there is a problem is with direct observation to gather information about the problem:

- Gather information
- Set aside time for a confidential discussion
- Get the student to speak first and voice their concerns
- Define the issue(s)

-
- Determine the cause(s)
 - Agree on an action plan
 - Monitor the outcome with frequent feedback

It may be beneficial to also gather information from other people (e.g. nurses and allied health staff) who have also supervised or worked with the student.

Reminder: If you have a student on placement who is performing very poorly, significantly below your expectations, or you are concerned about in any way, contact the placement team as early as possible.

Further information

For more information about learning styles, preceptor skills, cultural competency, and to complete the CPD module, go to:

<http://www.utas.edu.au/health/professional-experience-placement/supervisors/online-learning-modules/jack-and-the-beanstalk>

Please refer also to the University of Tasmania, School of Medicine professional experience placements website for further resources:

<http://www.utas.edu.au/health/professional-experience-placement/student-information/pharmacy>

References

Pharmacy Board of Australia <http://www.pharmacyboard.gov.au/Registration-Standards.aspx>

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Kleffner, J.H. 2010. Becoming an effective preceptor. The University of Houston College of Pharmacy, Texas Southern University College of Pharmacy and Health Sciences, Texas Tech Health Science Centre School of Pharmacy and the University of Texas at Austin College of Pharmacy. USA

Spencer, J. 2003. ABC of learning and teaching in medicine. BMJ. 326:591-594

Clinical Education and Training Institute. 2011. The superguide: a handbook for supervising allied health professionals. CETI. Sydney, Australia.

Feedback on Oral Presentation

Student: _____

Topic: _____

Criterion	Excellent	Very Good	Good	Improvement needed
Oral Presentation Skills <ul style="list-style-type: none"> • Eye contact, posture • Tone and volume of voice • Conformed to time limit • Engagement of the audience 				
Visual Aids <ul style="list-style-type: none"> • Clarity • Content • Amount of information provided 				
Presentation Content <ul style="list-style-type: none"> • Presented in in a logical and structured manner • Information presented was factual correct 				
Discussion <ul style="list-style-type: none"> • Response to questions (if relevant) 				

ADDITIONAL COMMENTS:

.....

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.....

.....

.....

Preceptor's Name:

Signature: **Date:**

Appendix 1 – Assessment Forms:

Preceptor's Assessment: Year Three Pharmacy Students

Student Name: _____

Placement Site: _____

Student assessment					
Attribute	Above Average/ Often	Satisfactory/ Usually	Borderline/Below Expectation	Unsatisfactory	Not able to be assessed
	3	2	1	0	
Demonstrates adaptability, enthusiasm and responds well to feedback					
Demonstrates professional responsibility and accountability, including timeliness					
Demonstrates empathy, integrity and honesty					
Understands the need to practice within the legal, professional and ethical framework of a pharmacist					
Demonstrates effective communication skills					
Demonstrates sound pharmaceutical knowledge**					

****Please note:** *Third year students* should be able to demonstrate extensive knowledge and reasonable competence in the areas of cardiovascular disease, diabetes and other endocrine diseases, bleeding disorders, renal disease, respiratory disease, psychiatry, urinary incontinence, insomnia, epilepsy, pain, Parkinson's Disease, dementia and liver disease; They have also extensively covered OTC products prior to their placements.

Additional comments regarding the student's placement:

Preceptor's signature: _____

Preceptor's name: _____ **Date:** _____

Many thanks for hosting a student on placement and for completing this form. Please return using the reply-paid envelope provided.

General Program Feedback (Optional)

- How supported have you felt by the university as a preceptor this placement?
Very Moderately Not at all *(please circle)*
- How satisfied were you with the information and resources provided in assisting students in meeting their learning outcomes?
Very Moderately Not at all *(please circle)*
- Would you like a member of the placement team to call you to discuss your recent placements? Yes No *(please circle)*
- Please provide any additional comments or suggestions below:

Preceptor's Assessment: Year Four Pharmacy Students

Student Name: _____

Placement Site: _____

Assessment (based on graduate attributes on the following page)

Students need to achieve a score of 2/4 (adequate/satisfactory) to pass the placement

Please circle

Excellent	Above Average	Satisfactory	Below average	Unsatisfactory
4/4	3/4	2/4	1/4	0/4

Additional comments regarding the student:

Are there any areas where you feel the student needs to do some more work on their skills, knowledge, attitude or behaviours? (please try to be specific to assist the student to improve)

Preceptor's signature: _____

Preceptor's name: _____ Date: _____

Many thanks for hosting a student on placement and for completing this form. Please return using the reply- paid envelope provided.

Please note:

Fourth year students at the time of their placements, have completed all of their academic coursework, and should therefore be able to demonstrate these attributes at a graduate level.

Competency domains listed in order of relevance to the assessment criteria. National Competency Standards Framework for Pharmacists in Australia 2016: Pharmaceutical Society of Australia URL: <http://www.psa.org.au/practice-support-and-tools/psa-information-framework>

Version V11 January 2019

Please turn over the page

Preceptor Assessment Sheet (Year Four Pharmacy Students) – Please complete

PROFESSIONALISM (For all placements)							
1. Professional Life-long Learners (linked to ILOs – 4; Competency Domain 1,2,(4.1,4.2 –self management/reflection),5)							
Demonstrates adaptability, enthusiasm and responds well to feedback	Satisfactory	Not satisfactory					
Demonstrates professional responsibility and accountability, including timeliness	Satisfactory	Not satisfactory					
2. Practices ethically and with integrity (linked to ILOs – 3; Competency Domain 1)							
Demonstrates empathy, integrity and honesty	Satisfactory	Not satisfactory					
Practices within the legal, professional and ethical framework of a pharmacist	Satisfactory	Not satisfactory					
CLINICAL SKILLS AND KNOWLEDGE (For community pharmacy, hospital and clinical placements only)							
Attribute	Excellent/ Always	Above Average/ Often	Satisfactor y /Usually	Borderline /Below Expectatio n	Un- satisfactor y	<i>Not able to be assessed based on student capability</i>	<i>Not applicabl e</i>
	4	3	2	1	0		
CLINICAL SKILLS AND KNOWLEDGE (For community pharmacy, hospital and clinical placements only)							
3. Drug Distribution Experts (linked to ILOs – 1, 2, 6; Competency Domain 3,1,2)							
Ensures medication orders are safe and appropriate							
Accurate preparation and supply of medicines							
Demonstrates a patient centred approach							
4. Clinical Pharmacy Experts (linked to ILOs – 1; Competency Domain 3,5,2)							
Pharmaceutical knowledge							
Application of theory into clinical practice							
5. Problem-solvers (linked to ILOs – 1,2,6; Competency Domains 3,5,2)							
Effective and independent problem-solving							
6. Public Health Practitioners (linked to ILOs – 4, 5; Competency Domain 3,5,2)							
Promotes public health and wellness							
7. Communicators (linked to ILOs – 2; Competency Domain 2,3)							
Demonstrates effective communication skills							
Demonstrates appropriate counselling skills							

* Please note, students MUST score a satisfactory score for each of the professionalism attributes to pass their placement.

General Program Feedback (Optional)

1. How supported have you felt by the university as a preceptor this placement?
Very Moderately Not at all *(please circle)*
2. How satisfied were you with the information and resources provided in assisting students in meeting their learning outcomes?
Very Moderately Not at all *(please circle)*
3. Would you like a member of the placement team to call you to discuss your recent placements?
Yes No *(please circle)*
4. Please provide any additional comments or suggestions below:-

If you wish to discuss a year four student's assessment, please call Justin Cousins (03 6226 1005)

